Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name STARLIGHT COFFEE CO - FLOYDS KNOBS							Telephone Number Est 812-923-1404	Date of Inspection	ID#	
Address 101 LAFOLLETTE STATION, FLOYDS KNOBS IN 47119						Owi	502-645-1411	07/20/2021		
Owner JIM BOOK							Purpose X Routine	Follow Up	Released 07/30/2021	
Owner's Address 6706 WIESEKA HILL RD FLOYDS KNOBS, IN 47119-							Follow-up			
Person in Charge JULIA PALMER							ComplaintPre-Operational			
Responsible Person's Email STARLIGHTCOFFEECOMPANY@GMAIL.COM							Temporary HACCP	Menu Type 1 2 _X 3	4 5	
Certified Food Handler CHRISTINA NAVILLE JULIA PALMER							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	С	NC	R	Narrative				То Ве С	orrected	
243		Х		Observed sleeve of single serve containers underneath the 3 compartment TODAY						
422		sink. Observed coffee filters next to dust pan and plunger on shelf. X X Observed personal phone next to coffee beans. Observed headband next to plates on glass display case. There is a sign that states where employees								
433		Х		can sit their personal belongings. Observed mop drying in mop sink. TODAY						
Summary of Viola	tions	(C <u>-</u>	0 NC	3 R 1					
Received by (name and title printed): JULIA PALMER							Inspected by (name and title printed): Christa Manus EHS			
Received by (signature):						I	Inspected by (signature):			
cc:					cc:			ce:		